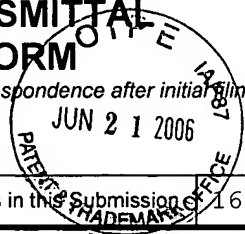


<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing) 	Application Number	10/817,521	
	Filing Date	04/05/2004	
	First Named Inventor	Paul D. Perry	
	Group Art Unit	3753	
	Examiner Name	Schneider, Craig M	
Total Number of Pages in this Submission	16	Attorney Docket Number	2003P04921US-01

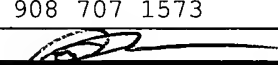
## Enclosures (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Drawing(s) & Letter to Official Draftsman <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition to the Commissioner <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> CD, Number of CDs <input type="checkbox"/> Additional enclosure(s) (please identify below) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Remarks		

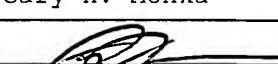
## CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		<div style="border: 1px solid black; padding: 5px; display: inline-block;">Customer Number - 000028524</div>	or <input type="checkbox"/> Correspondence address below	
NAME	Siemens Corp., Intellectual Property Department			
ADDRESS	170 Wood Avenue South, fifth floor			
CITY	Iselin	STATE	New Jersey	ZIP CODE 08830
COUNTRY	United States of America	FAX	732-321-3014	

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Gary H. Monka	Reg. #	35290
TELEPHONE	908 707 1573		
SIGNATURE		DATE	6/19/06

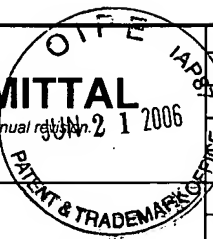
## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 06/19/2006			
Type or Printed Name	Gary H. Monka		
Signature		Date	06/19/2006

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**FEE TRANSMITTAL**

Patent Fees are subject to annual adjustment.



Complete if Known

<b>TOTAL AMOUNT OF PAYMENT</b> <b>\$ 250</b>		<b>Application Number</b>	10/817,521
		<b>Filing Date</b>	04/05/2004
		<b>First Named Inventor</b>	Paul D. Perry
		<b>Examiner Name</b>	Schneider, Craig M
		<b>Group/Art Unit</b>	3753
		<b>Attorney Docket No.</b>	2003P04921US-01

**METHOD OF PAYMENT (check one)**

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

 Deposit Account Number  
 Deposit Account Name

☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☒ Canavan & Monka check in the amount of \$250 enclosed
**FEE CALCULATION****1. FILING FEE**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
1001	300	Utility(37CFR 1.53(b)) / CPA(37CFR 1.53(d)) Filing Fee	
1002	200	Design Filing Fee	
1004	300	Reissue Filing Fee	
1005	200	Provisional Filing Fee	

**SUBTOTAL (1)****2. CLAIMS**
☒ Filing Under 37CFR 1.53 (b)

☐ CPA Under 37CFR 1.53 (d)

☐ Amendment

Extra Claims

Fee from below

Fee Paid

Total	- 20=	0	x	50	=	
Ind.	- 3=	0	x	200	=	
Multiple Dependent Claims		300	=			

Large Fee Code	Entity Fee(\$)	Fee Description
1202	50	Claims in excess of 20
1201	200	Independent Claims in excess of 3
1203	360	Multiple Dependent Claims
1204	200	** Reissue independent claims in excess of 3
1205	50	** Reissue claims in excess of 20

\*\* or number previously paid, if greater; for Reissues, see above

**SUBTOTAL (2)****FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
1051	130	Surcharge - late filing fee or oath	
1052	50	Surcharge - late provisional filing fee or cover sheet	
1053	130	Non-English specification	
1812	2520	For filing a request for reexamination	
1804*	920	Requesting publication of SIR prior to Examiner action	
1805*	1840	Requesting publication of SIR after Examiner action	
1251	120	Extension for response within first month	120
1252	450	Extension for response within second month	
1253	1020	Extension for response within third month	
1254	1590	Extension for response within fourth month	
1255	2160	Extension for response within fifth month	
1401	500	Notice of Appeal	
1402	500	Filing a brief in support of an appeal	
1403	1000	Request for oral hearing	
1504	300	Publication fee for early, voluntary, or normal publication	
1452	500	Petition to revive - unavoidable	
1453	1500	Petition to revive - unintentional	
1501	1400	Utility issue fee (or reissue)	
1502	800	Design issue fee	
1460	130	Petitions to the Commissioner	
1807	50	Processing fee for provisional applications	
1806	180	Submission of Information Disclosure Statement	
8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	Request for Continued Examination (RCE)	
1802	900	Request for expedited exam of a design application	
Other fee (specify): Terminal Disclaimer			130

**SUBTOTAL(3)****\$250****SUBMITTED BY**

Typed or Printed Name		Gary H. Monka		Complete (if applicable)	
Signature		Date		Reg. Number	35,290
		6/19/06		Deposit Account User ID	

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450